

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 037 ***150.00

DOCUMENT # 197253

1. Entity Name

METCALFE HARDWARE CO INC



Principal Place of Business

P O BOX 757
LAKE BYRD BLVD.
AVON PARK FL 33825

Mailing Address

P O BOX 757
LAKE BYRD BLVD.
AVON PARK FL 33825

2. Principal Place of Business

P.O. Box 737

3. Mailing Address

P.O. Box 737

Suite, Apt. #, etc.

Lake Byrd Blvd.

Suite, Apt. #, etc.

Lake Byrd Blvd.

City & State

Avon Park FL

City & State

Avon Park FL

Zip

33826

Country

Highlands

Zip

33826

Country

Highlands

4. FEI Number

59-0782192

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

METCALFE, CHARLES G., SR.
LAKE BYRD BLVD.
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles G. Metcalfe
Signature typed or printed name of registered agent and title if applicable

Charles G. Metcalfe Pres

4-28-03

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **METCALFE, SR., CHARLES G**
STREET ADDRESS **30 E MAIN ST**
CITY-ST-ZIP **AVON PARK FL 33826**

TITLE **VP** ☐ Delete
NAME **METCALFE, JR., CHARLES G**
STREET ADDRESS **30 E MAIN ST**
CITY-ST-ZIP **AVON PARK FL 33826**

TITLE **ST** ☐ Delete
NAME **METCALFE, MARION D**
STREET ADDRESS **30 E MAIN ST**
CITY-ST-ZIP **AVON PARK FL 33826**

TITLE **T** ☐ Delete
NAME **GROSS, CYNTHIA M**
STREET ADDRESS **13 LAKE BYRD BLVD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia M. Gross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

863

453-5802

Daytime Phone #

CR2E034 (10/02)